

KANSAS DEPARTMENT OF HUMAN RESOURCES

DATE: _____

NAME: _____

ADDRESS: _____

Re: _____

SSN: _____

In order to determine the above-named person's entitlement to benefits previously claimed it is necessary that we compare the earnings reported by the claimant with any pertinent dates of employment. Please return within SEVEN days in the enclosed envelope. No postage required.

If the claimant worked, received wages, or will receive HOLIDAY PAY or VACATION PAY from you during the period indicated by bracket, enter the gross wages he earned each day during this period and the date such wages were actually paid or will be paid. If the claimant was not employed by you during the period indicated by bracket, enter "NONE" across the period. If HOLIDAY PAY or VACATION PAY, please indicate this in the margin next to DATA PAYABLE for each day of such pay.

Month _____ Year _____ Month _____ Year _____ Month _____ Year _____

D A T E	GROSS WAGES EARNED EACH DAY	DATE PAYABLE	D A T E	GROSS WAGES EARNED EACH DAY	DATE PAYABLE	D A T E	GROSS EARNED EACH DAY	DATE PAYABLE
1			1			1		
2			2			2		
3			3			3		
4			4			4		
5			5			5		
6			6			6		
7			7			7		
8			8			8		
9			9			9		
10			10			10		
11			11			11		
12			12			12		
13			13			13		
14			14			14		
15			15			15		
16			16			16		
17			17			17		
18			18			18		
19			19			19		
20			20			20		
21			21			21		
22			22			22		
23			23			23		
24			24			24		
25			25			25		
26			26			26		
27			27			27		
28			28			28		
29			29			29		
30			30			30		
31			31			31		

RATE OF PAY: _____ PER: ☐ Hour ☐ Week ☐ Month

OVERTIME PROVISIONS: _____

We will need the name of a supervisor or other worker who can make a positive identification of this individual. Also, we need the name of someone from your staff who can testify to the payroll record of this individual. It is possible that the information contained here will be used in the courts, so it should be very accurate.

Person to Identify _____ Person for Records _____

Reason for Separation _____

Dates of Employment: From _____ To _____